

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

101 596,095

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51	/				
2	/							52	/				
3	/							53	/				
4	/							54	/				
5	/							55	/				
6	/							56	/				
7	/							57	/				
8	/							58	/				
9	/							59	/				
10	/							60	/				
11	/							61	/				
12	/							62	/				
13	/							63	/				
14	/							64	/				
15	/							65	/				
16	15							66	/				
17	15							67	/				
18	15							68	/				
19	15							69	/				
20	15							70	/				
21	15							71	/				
22	15							72	/				
23	/							73	/				
24	/							74	/				
25	/							75	/				
26	/							76	/				
27	/							77	/				
28	/							78					
29	/							79					
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31	/							81					
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33	/							83					
34	/							84					
35	/							85					
36	/							86					
37	/							87					
38	/							88					
39	/							89					
40	/							90					
41	/							91					
42	/							92					
43	/							93					
44	/							94					
45	/							95					
46	/							96					
47	/							97					
48	/							98					
49	/							99					
50	/							100					
TOTAL IND.			↓		↓		↓	TOTAL IND.	2	↓		↓	↓
TOTAL DEP.			←		←		←	TOTAL DEP.	173	←		←	←
TOTAL CLAIMS								TOTAL CLAIMS	175				